

EXHIBIT H

ANSWER OF THIRD PARTY RESPONDENT CITATION

This first section must be filled out by the judgment creditor.

Citation/Respondent: Whiteamire Clinic P.A., Inc Court Date: September 26, 2024Defendant's Name: Cartridge World North America, LLC SS No. xxx-xx- Case No. 1:24-cv-06753Judgment Balance: \$4,293,000 + 28 U.S.C. § 1961 InterestThis is a Citation: Freeze up to double the Judgment Balance.**INTERROGATORIES**1. On the date of service of the citation, did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor? ☐ Yes ☒ No

IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS.

2. Is this an IRA account? Or have all of the deposits made during the past 90 days been electronically deposited and identified as exempt Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or Retirement or by a source drawing from any other statutory exemptions? ☐ Yes ☐ No

IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS.

3. Is/Are the account(s)' current balance equal to or less than the total of the exempt deposits? ☐ Yes ☐ No

IF YOU ANSWERED "YES" TO ALL 3 QUESTIONS AND FUNDS IN THE ACCOUNT(S) ARE EXEMPT, DO NOT FREEZE THE FUNDS AND GO TO "INSTRUCTIONS" BELOW.

4.	ACCOUNT BALANCE	AMOUNT WITHHELD
A) Savings Account	\$ _____	\$ _____
B) Check/MMA/Now Account	\$ _____	\$ _____
C) Certificate of Deposit	\$ _____	\$ _____
D) Trust Account/Other	\$ _____	\$ _____
(Describe) _____		
E) Safety Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		
F) Land Trust No. _____		
G) Less Right of Offset for Loans		\$ _____

TOTAL AMOUNT FROZEN:

\$ _____

5. List all electronic deposits into account(s) and their source(s) except deposits:

Account Number	Source	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. List all joint account holders or adverse claimants:

Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____

Account Type <input type="checkbox"/> Checking <input type="checkbox"/> CD Savings	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> CD Savings	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> CD Savings
<input type="checkbox"/> Account Number _____	<input type="checkbox"/> Account Number _____	<input type="checkbox"/> Account Number _____

INSTRUCTIONS

(1.) Fill out and sign the certification below. (2.) This Answer must be filed at least three (3) days before the court date to assure timely processing (3.) Fax or mail a copy of this Answer to (i) the Court, (ii) Plaintiff's attorney and (iii) Judgment Debtor. If filing in the First Municipal District, you may fax to (312) 603-6522 or mail to the Clerk of the Court, Richard J. Daley Center, 50 W. Washington street, Room 602, Chicago, IL 60602. (4.) You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send any withheld funds.

CERTIFICATION

Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct and that I have mailed this Answer to Defendant(s).

Date: 9/24/24Print Agent Name: ATTORNEY MICHAEL J. FLEISSNERRespondent Name: DAVID MORRILLSignature of Agent: Michael J. FleissnerAddress: 3630 N. 98th Milwaukee WI.Telephone: 414 204 2136 53222FAX: 414 722 1286 ATTORNEY MICHAEL FLEISSNER

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS